



APPLICATION FOR VOLUNTEER SERVICE LICENSURE

GEORGIA STATE BOARD OF PSYCHOLOGY

237 Coliseum Drive, Macon, Georgia 31208

Phone (478) 207-2440

www.sos.ga.gov/plb/psych

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Psychology in the state of Georgia. Please visit the Board's web site above for additional information.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

VOLUNTEER SERVICE LICENSURE: A license issued by consent order by the board may be granted to persons who are retired from the practice of psychology or who have an inactive license and who are **not** currently engaged in the practice of psychology either full time or part time and who have prior to retirement or attaining inactive status, maintained full licensure in psychology in good standing. See Board rule **510-9-.04 Licensure for Volunteer Service** for additional details.

Applicant must submit the following to the Board in order to be approved to interview:

- ☐ **NOTARIZED APPLICATION:** This application must be mailed to the Board's office at the address listed above. All questions must be answered. Any question answered "yes" requires additional documentation to be submitted. Attach a written explanation if you have had any criminal convictions, been arrested or sanctioned by another state licensing or regulatory board.
- ☐ Verification that most recently held license was in good standing.
- ☐ Proof of meeting 20 hours continuing education requirements for licensure renewal in the two calendar years immediately prior to application for volunteer service.
- ☐ Notarized statement from the agency that will receive the volunteer services attesting to the fact that you, the psychologist, will not be compensated for their services and the agency will not bill for or in any way be compensated for the services provided by you, the psychologist.
- ☐ The notarized statement will also verify that the agency will provide malpractice insurance coverage for you, the volunteer psychologist.

- ☐ If continuing education requirements are not complete at the time of application the applicant may be granted a non renewable six (6) month temporary license by consent order with the provision that the person has successfully completed the personal interview with the Board and the understanding that all continuing education requirements shall be met within six (6) months after being issued the temporary license.
- ☐ Requirements for renewal for a license by consent order for volunteer service will be the same as required to renew a psychology license except that the time for renewal will be determined by the consent order and may require a personal interview if requested by the Board.

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD OF PSYCHOLOGY

237 Coliseum Drive, Macon, Georgia 31217-3858 • (478) 207-2440

www.sos.ga.gov/plb/psych

APPLICATION FOR VOLUNTEER SERVICE LICENSURE

Application Fee: **\$25.00**

NAME

LAST

FIRST

MIDDLE

MAIDEN

License Number: _____ Current Status of License: _____

State of Licensure: _____

SOCIAL SECURITY # _____ - _____ - _____ **DATE OF BIRTH** M M - D D - Y Y Y Y

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001)

PHYSICAL ADDRESS

HOME ADDRESS (P.O. BOX, NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

MAILING ADDRESS

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)

APT #

CITY

STATE

ZIP

DAYTIME PHONE

OTHER PHONE

E-MAIL ADDRESS: _____ Male: _____ Female: _____

(PLEASE Print Clearly)

Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

NOTE: If you answer “yes” to any of questions below, you must submit a written explanation of the event(s) and attach any/all relevant documents. (Certified copies of documents from courts or other licensing agencies are required.)

Have you been denied licensure for any reason in any jurisdiction? () Yes () No

Have you had a license to practice revoked, suspended, surrendered, or annulled in any jurisdiction?
() Yes () No

Have you had any disciplinary action taken against you by any authority issuing a license in any jurisdiction? () Yes () No

Have you been refused renewal of a license for any reason in any jurisdiction? () Yes () No

Have you been subject to disciplinary action or had your membership revoked by a professional organization? () Yes () No

Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded damages? () Yes () No

Are you now or have you ever been *unable* to practice psychology with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of substance, or as a result of any mental or physical condition? () Yes () No

Have you ever had your Medicaid and/or Medicare privileges restricted or revoked?
() Yes () No

Have you ever been arrested or convicted of any felony or of any crime involving moral turpitude?
() Yes* () No

*(If answered Yes, **Must** also submit “Background Investigation Consent” form)

APPLICANT SIGNATURE & AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Examiners of Psychologist, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 6 & 7 of this application.**

2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 6 & 7 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Examiners of Psychologist and/or criminal prosecution.

Signature of Applicant

Date

Sworn to and subscribed before me this

_____ day of _____ 20_____

(Notary Seal)

Notary Public Signature

My Commission Expires: _____

NOTE to NOTARY: Application must be signed with Proper ID.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]